

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2022 JAN -4 AM 10:40

Noel Arroyo

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

KENT SECURITY SERVICES

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

AMENDED

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Noel		Arroyo
First Name	Middle Initial	Last Name
508 E.163rd St., Apt.8B		
Street Address		
Bronx		
County, City	State	Zip Code
	arroyon1975@gmail.com	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	Kent Security Services		
	Name		
	150 W 28th St, Unit 1103		
	Address where defendant may be served		
	New York	NY	10001
	County, City	State	Zip Code
Defendant 2:			
	Name		
	Address where defendant may be served		
	County, City	State	Zip Code

Defendant 3:

Name

Address where defendant may be served

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

Kent Security Services

Name

150 W 28th St, Unit 1103

Address

New York

NY

10451

County, City

State

Zip Code

III. CAUSE OF ACTION

A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: _____
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☐ national origin: _____

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☐ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☒ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☐ retaliated against me
- ☐ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

See Separate Attachment Affidavit

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? December 25th, 2021

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☐ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? _____

When did you receive the Notice? _____

☒ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Monetary damages of Lost pay and Emotional Distress

1. Lost Pay of \$4000

2. Emotional Distress of \$4000

A total of \$8000

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.


I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

December 25th, 2021

Dated

Noel


Plaintiff's Signature

Arroyo

ALL RIGHTS RESERVED.

First Name

Middle Initial

Last Name

508 E. 163rd St., Apt. 8B

Street Address

Bronx

NY

10451

County, City

State

Zip Code

917-686-8764

arroyon1975@gmail.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

IN THE UNITED STATES COURT

NOEL ARROYO,

Plaintiff

vs.

KENT SECURITY,

Defendant

Case No. _____

AFFIDAVIT

State of New York
County of NEW YORK

I, Noel Arroyo, of 508 E 163rd St, Bronx, NY 10451 do hereby swear under oath that:

1. At approximately 9:30am on November 11, 2021, I Noel Arroyo was schedule to have an interview at the Kent Security, New York, NY location.

2. I arrived on time and on that day I notice half of the employees in the office wasn't wearing a mask. At about 9:45am I was Interviewed by Diana Organian (Operations Manager).

3. After my interview with her, she then referred me to have an interview with Luis Gomez (VP Of Operations). I got escorted to his office and both of us spoke without a mask.

4. Luis Gomez, explained the job description duties of the building Site Dahlia, located on 212 W. 95th St., New York, NY. During the Interview there was no mentioned of any type of mask restrictions or policy. I was hired and proceeded to do the hiring paperwork.

5. I was offered a concierge position at the Dahlia Building site and scheduled to start on November 15th, 2021 at 8:00am and trained by the lead Concierge Jaqueline.

6. I was then told to meet with Duffay Bonilla as she reviewed my offer of employment documents and tax forms, again I wasn't advised of any mask policy or procedure for any building. I was told to pick up my uniform and start training as a concierge on Monday, November 15th, 2021.


7.The following week comes and on Monday, November 15th,2021, I arrived at 7:00am in the building location and when I get there, I wasn't advised of any mask policy.

8.At about 8:20am, Jaqueline the Lead Concierge arrived in the site and rudely doesn't introduce herself and advised me in a high tone of voice to have my mask on while I was on duty.

9.I politely told her that I had a disability and that I was mask exempt, she then called the office and contacted Samira Perez (District Manager). I was then told to leave the building site and come to the Kent Security office and to speak to someone.

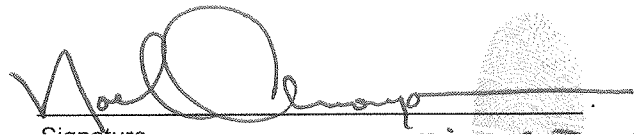

10.I arrived about 9:30am at the office and spoke with Luis Gomez on the situation with the mask regarding that site Dahlia, located on 212 W.95th St., New York, NY.

11.I advised Luis Gomez if the company can make a reasonable accommodation. I showed him my therapist doctors' letter of my disability on wearing the mask. At this time I am back to being unemployed and no reasonable accommodation was granted.

12.I feel that I was discriminated for my disability and my rights where infringed under the American Disability Act Title III and ~~Title VII Of The Civil Rights Act.~~ 

Under penalty of perjury, I hereby declare and affirm that the above stated facts, to the best of my knowledge, are true and correct.

DATED this 30 day of November, 2021


Signature  ALL RIGHTS RESERVE.

Noel Arroyo
Printed Name

EEOC (INQUIRY) NUMBER: 520-2022-02529

Inquiry Information

REASON(S) FOR CLAIM

Date of Incident (Approximate): 11/15/2021

Reason for Complaint: Disability

Pay Disparity:

Location of Incident: New York

Submission (initial inquiry) Date: 12/25/2021

Claim previously filed as charge with EEOC? No

Approximate Date of Filing: N/A

Charge Number: N/A

Claim previously filed as complaint with another Agency? No

Agency Name: N/A

Approximate Date of Filing: N/A

Nature of Complaint: N/A

INQUIRY OFFICE

Receiving: New York District Office

Accountable: New York District Office

APPOINTMENT

Appointment Date and time:

Interview Type:

APPROXIMATE DEADLINE FOR FILING A CHARGE: 09/12/2022

POTENTIAL CHARGING PARTY

First Name, Middle Initial: Noel

Last Name: Arroyo

Street or Mailing Address: 508 E.163 St.

Address Line 2: Apt.8B

City, State, Zip: BRONX, NY, 10451

Country: UNITED STATES OF AMERICA

Year of Birth:

Email Address: arroyon1975@gmail.com

Home Phone Number: (917) 686-8764

Cell Phone Number:

RESPONDENT/Employer

Organization Name: KENT SECURITY OF NEW YORK INC

Type of Employer: Business or non-profit organization that I applied to, work for, or worked for

Number of Employees: An uncertain number of employees

Street or Mailing Address: 150 W 28TH ST

Address Line 2: STE 1103

City, State, Zip Code: NEW YORK,NY, 10001

County: NEW YORK

Phone Number:

RESPONDENT CONTACT

First and Last Name:

Email Address:

Phone Number:

Title: Human Resources Director or Owner

LOCATION OF POTENTIAL CHARGING PARTY'S EMPLOYMENT

Street or Mailing Address:

Address Line 2:

City, State, Zip Code:

County:

POTENTIAL CHARGING PARTY'S DEMOGRAPHICS

Gender: M

Disabled: I have a disability

Are you Hispanic or Latino? hispanic or latino

Ethnicity: American Indian or Alaskan Native,

National Origin: Puerto Rican

Adverse Action(s)

I was hired by Kent Security Services and worked one day at a building that they assigned me too, and was told to be removed from the building cause i wasn't wearing a mask, i told the supervisor that i had a disability and that i couldn't wear the mask,I also had medical documents of my mask exemption and they didn't reasonably accommodate me and let me go.

Supplemental Information

What Reason(s) were you given for the action taken against you?

N/A

Was anyone in a similar situation treated the same, better, or worse than you?

N/A

Please provide name(s) and email and/or phone number of anyone who will support your claim, and briefly describe the information this person will provide.

N/A

Please tell us any other information about your experience?

N/A



POSTAGE PAID - TAXE PRECURE
UPU 144(2.2)
STAMP/SEAL
FOREIGN OFFICE
OF ORIGIN
15-20-21
Noel A. Arroyo

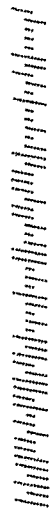


U.S. POSTAGE PAID
FCM LG ENV
BRONX, NY
10461
DEC 28, 21
AMOUNT
\$5.51
R2305H126721-02

10007

1000

Pro SE Intake Unit
(Room 200)
c/o 500 Pearl St.
New York, New York Republic [10007]



Noel Arroyo
c/o 500 E. 163rd St.
Apr. 28
BRONX, NEW YORK Republic [10461]
THE UNITED STATES OF AMERICA Republic

500



RECEIVED
SDNY PRO SE OFFICE
2022 JUN -4 AM 10:23

USM_{IP3}
SDNY